Let's Make Healthy Change Happen.



Quality Improvement Plan (QIP) Narrative for

Villa St. Gabriel's Villa

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a quality improvement plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to HQO (if required) in the format described herein.

OVERVIEW

Villa St. Gabriel Villa has been home to 128 long-term care residents in the francophone community of Chelmsford in the City of Greater Sudbury since 2011. Since 2013, the home has been designated as a bilingual facility. Villa St. Gabriel Villa provides spacious living areas and beautiful dining areas with large windows for outstanding views of the surrounding community. Its indoor and outdoor sacred spaces include a chapel and beautiful healing gardens.

Villa St. Gabriel is committed to delivering exceptional health care every day, with an emphasis on long-term care. We fulfill this commitment by integrating our ***core values of service, integrity, dignity and excellence*** into a holistic approach to resident care that respects their unique needs and fosters the spiritual, physical and emotional well-being of our residents, staff and volunteers. These values guide our approach to care and act as the foundation to all of our planning activities and decision-making practices.

Our 2025-2029 Strategic Directions

Our ongoing commitment to quality is reflected in our strategic directions, each of which is rooted in our core values. The strategic directions are to:

- Care with Purpose and Compassion
- Cultivate a Thriving Workforce
- Advance our Excellence in Care
- Amplify our Impact Across the Sector

QUALITY PRIORITIES FOR 2026

The objectives that have been prioritized this year include providing quality care and service to our residents and developing strategies to reduce physical and/or emotional harm in the workplace and home. For 2026, we aim to:

1. **Focused action on the following indicators to improve the experience and safety of residents:**
    a. Reduce the number of potentially avoidable visits to the emergency department.
    b. Reduce the total number of critical incidents that occur in the home.
    c. Increase the average number of hours of direct care provided to each resident per day.

2. **Moderate action on the following indicators to improve resident and staff safety:**
    a. Ensure all leadership staff complete equity, diversity, inclusion and antiracism education.

QIP PRIORITY SETTING AND PERFORMANCE MANAGEMENT

Our organization is committed to our strategic direction to Care with Purpose and Compassion. Our home ensures that quality initiatives matter to the residents we serve by actively engaging residents and families/essential caregivers, and by utilizing feedback to assist in developing QIP change ideas. Residents and family/essential caregivers participate in many decision-making capacities, such as Resident Council, Family Council, and our interdisciplinary Continuous Quality Improvement (CQI) Committee. CQI is a management philosophy which asserts that most things can be improved. CQI involves:

- Using a set of statistical and problem-solving tools to understand organizational processes and uncover problems within them.
- Developing action plans to address the underlying causes of the problems.
- Measuring the impact of interventions that have been implemented.
- Revising action plans as required, so that improvement is ongoing.

CQI Committee members, with support from the Quality Council, choose relevant indicators to monitor; set appropriate targets for each indicator; report and review performance data monthly; develop the annual QIP; and review the QIP on a quarterly basis. Residents, families, and essential caregivers are important stakeholders engaged in the development and monitoring of quality improvement activities related to resident care and organizational effectiveness. The members of our CQI team include Administrator; Director of Care; Assistant Director of Care; Medical Director; Pharmacy Provider; Food Services Manager; Environmental Services Manager; Volunteer Coordinator; Programs Coordinator; Registered Dietitian; Registered Nursing staff (RN or RPN); Personal Support Worker; RAI Coordinator; Social Worker; Chaplain; Resident member(s); Family member(s); and our designated CQI Lead/Quality/Privacy Advisor.

Each year, our QIP planning cycle begins in November, and the plan is developed by reviewing all our quality indicators and priorities determined by:

- Strategic directions and Operational plans.
- Funder agreements.
- Program evaluation outcomes.
- Performance indicators.
- Complaints and critical incidents.
- Resident, Family/Essential Caregiver and Staff experience survey results.
- Resident and Family Council feedback.
- Canadian Institute for Health Information data.
- Ministry of Long-Term Care inspection results.
- Accreditation recommendations and performance standards

The purpose of these indicators is a consistent approach to monitoring service delivery through measurement and evaluation practices. These indicators give Quality Council and the CQI

Committee the ability to monitor, analyze and track progress. We set targets for indicators based on past data, peer performance or industry benchmarks. The process we use to study and monitor quality indicators and implement adjustments include:

- monthly review of specific data by each department
- conducting root cause analysis in areas needing improvement (i.e., 5 whys)
- action plan development
- program evaluation

ACCESS and FLOW

The Villa is committed to ensuring residents receive the right care in the right place, at the right time, through a comprehensive approach that spans multiple levels of access and flow interventions, including clinical prevention and response, care pathway planning, system flow, and quality oversight.

Our Nurse Practitioner provides on-site proactive care, including comprehensive assessments, chronic disease management, and medication optimization. This approach supports improved resident outcomes and reduces avoidable hospital transfers.

The Emergency Department Outreach Service (EDOS) team supports urgent but non-emergent clinical needs within the home. This partnership helps prevent unnecessary emergency department visits, reduces disruption for residents, and ensures timely clinical intervention when acute concerns arise.

The Villa monitors transfer to the emergency department through tracking and trend analysis through the Quality Council Committee. Opportunities for education for those who initiated the transfer are provided when identified to support prevention as a short-term response. Long-term responses have been developed through tracking trends of this data, which has demonstrated a continued need for early identification of palliative care, a prioritized project at VSGV for 2026, and our continued full effort to prevent and manage falls.

The Villa has a position dedicated to supporting admissions and timely access to a bed. The admissions Coordinator plays an important role in facilitating system flow by ensuring an efficient admissions process and minimizing placement delays.

EQUITY AND INDIGENOUS HEALTH

Our organization is committed to equity, diversity and inclusion. We have developed an Equity, Diversity, Inclusion, Anti-racism and Indigenous Reconciliation (EDIA-RIR) Steering Committee that provides leadership in implementing plans and activities that integrate EDIA-RIR into practice and policy development. The organization is committed to ensuring that leadership and staff have opportunities for education regarding racism, discrimination and stereotyping and their impacts in health care contexts; social and structural determinants of health; and gaps in health

equity. Educational topics include Indigenous cultural safety and bystander allyship; creating a culture of belonging; understanding and combatting microaggressions; and supporting 2SLGBTQ+.

In addition to the leadership training, at a site level, champions have been trained in the Equity, Diversity, Inclusion and Belonging Champion Coaching Program through Ontario CLRI and Bruyère. The Champions have formed a small site-level committee that aims to successfully implement the EDI AR ID lead from the front lines and continue our focus on French Language Services as a designated home.

RESIDENT EXPERIENCE

The annual Resident and Family/Caregiver Satisfaction surveys are one of the ways that we engage residents and families for feedback about their experiences and concerns.

The Resident Satisfaction Survey Report

In September, seventy-one percent of our capable residents took part of the 2025 survey. The vast majority of residents (up to or over 90%) indicated that they are satisfied with their care and care staff, the activities they participate in, food and food services, and maintenance, laundry, and housekeeping services.

- 87% report that they can express their opinions without fear of consequences.
- 82% report that care staff take the time to talk and listen to them.
- 97% would recommend the facility to family and friends in need of care.

The Family/Caregiver Satisfaction Survey Report

From October to December, twenty-five percent of our families and/or essential caregivers took part of the 2025 survey. The vast majority (upwards to or over 90%) are satisfied with their loved one's care, care staff, the activities they participate in, food and food services and the maintenance, laundry, and housekeeping services. Overall, 100% of families/caregivers would recommend the facility to family and friends in need of care.

The only area of improvement identified by families involve having translators or interpreters available to assist them (75% satisfied). The action plan to address this concern is in development with the Quality Council.

These reports and respective action plans were shared and developed with the Resident Council and Family Council. These Satisfaction Survey reports and the QIP is reviewed by the CQI Quality Committee, the Quality Committee to the Board, and the Board of Directors. These reports and QIP is also posted on the Quality bulletin board as well as our website.

PROVIDER EXPERIENCE

Our commitment to the well-being of our staff is indicated in our Quality Improvement priorities, which include initiating a Psychological Health and Safety in the Workplace strategy. This strategy

is directly related to the feedback received by staff through various modalities, including surveys, team meetings, and dialogues with leaders. In response to this feedback, we re-launched the Guarding Minds at Work survey, which helps assess, protect and promote psychological health and safety in the workplace.

The Villa is committed to providing compassionate care at all levels of the organization. This includes integrating compassionate leadership into leadership development and policies, mechanisms to measure residents' experience of compassion, mechanisms to identify compassion champions, and ensuring that compassion is foremost in interactions with residents, family members, and other staff members.

RESIDENT SAFETY

The organization's dementia strategy focuses on interdisciplinary practice collaboration to support residents living with dementia, including dementia-related activities, completing personhood assessments with all residents, environmental modifications, and caregiver education on living with dementia. All these strategies contribute to reducing behaviours related to cognitive changes.

Medication safety remains a priority for 2026. Medication barcoding and scanning for administration are being implemented this year, and practices are aligned with the Institute for Safe Medication Practices Canada.

Critical incidents, complaints, and medication incidents are reviewed by those involved, Senior Management, Quality Council, the Professional Advisory Committee, Quality Committee of the Board, and the Board of Directors. Upon completion of the critical incident review, the department manager will meet with team members to review the findings and the steps that were taken to ensure the probability of recurrence is low. As per our policies, critical incidents are documented and shared with the resident and their family, along with the steps taken, if any, to reduce the risk of recurrence. The Joint Occupational Health and Safety Committee is reviewing incidents monthly and communicating trends to Clinical Leaders to ensure case management of responsive behaviours.

PALLIATIVE CARE

Our organization remains committed to providing high-quality palliative care that supports residents and their families throughout the illness trajectory, including end-of-life care. In 2026, the Villa is committed to completing a comprehensive review of the current palliative care program, aligned with our efforts to reduce avoidable ED visits. Targeted themes include revising our approach to early identification of palliative care needs, person-centred care planning, dedicated education, and spiritual care. A working group has been established that reports to the Quality Council Committee to help monitor progress.

POPULATION HEALTH APPROACH

Our organization actively participates in our Ontario Health Team (OHT) to support upstream planning and system-level improvements that address the evolving health and social needs of the

community. Through this collaboration, we engage with health system partners and community organizations to inform the design and development of services that better support the populations we serve.

As part of this work, we have established relationships with community partners representing Indigenous, 2S-LGBTQ+, mental health, and older adult advocacy communities. These partnerships support ongoing dialogue and co-design of care approaches that respond to the needs of equity-deserving populations and advance commitments to cultural safety and Indigenous reconciliation.

Insights gained through these partnerships informed the refinement of our care pathway for residents with mental health needs. In collaboration with community partners, the pathway was adapted to better address the needs of diverse populations and ensure more coordinated, person-centred care. In addition, our CCFOA Advisory Committee developed an education plan to strengthen staff knowledge and capacity when supporting residents with mental health needs.

The Villa also partnered with the Canadian Mental Health Association (CMHA) to develop a comprehensive mental health program for long-term care. Supported through Local Priorities Funding delivered by Ontario Health, this initiative focuses on building internal capacity to respond to the growing need for specialized mental health services in long-term care. The program includes the development of a mental health care pathway following admission and ongoing staff education aimed at improving early identification, reducing stigma, and enhancing the quality of care for residents experiencing mental health challenges.

Contact Information:

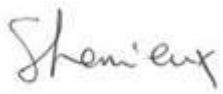
Tammy Turchan
Quality Advisor / QIP Lead
tturchan@sjsudbury.com

Sign-off

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan:

Board Chair	Catherine Huneault	

Quality Committee Chair	Suzanne Lemieux	
Chief Executive Office	Kari Gervais	